

# UNIVERSITY OF WYOMING

## Department of Human Resources

P.O. Box 3422  
Laramie, Wyoming 82071-3422  
(307) 766-2215  
FAX (307) 766-5607  
[www.uwyo.edu/hr](http://www.uwyo.edu/hr)

To: Members of the Guard and Reserve  
From : James E. Pew, Director , HR  
RE: Active Duty/UW Employees  
Date: December 19, 2001

Enclosed please find information for your use regarding your status as a UW employee serving on extended active duty due to your activation as a member of the Guard or Reserve.

In addition to the enclosed information, which was written with Wyoming State Employees in mind, I'd like to remind you of a few other issues unique to UW employees.

1. Please complete the form titled "[Military Reservist Called To Active Duty](#)" and return to:

UWHR Director  
PO Box 3422  
Laramie, WY 82071.

2. Copies of your orders and leave/earnings statement should also be forwarded to the above address.
3. Long-term disability insurance will be temporarily suspended during your active duty service; it will be reinstated upon your reinstatement at UW.
4. Longevity pay does not apply to UW employees.
5. Please keep the UW Director of Human Resources (HR) informed of any changes to your base pay (send a copy of the leave/earnings statement).
6. Please advise UW HR of any changes in benefits you may desire. Also advise of any leave usage you may desire.

If you have any further questions or concerns please contact UWHR Director at:

Phone: 307-766-2215  
Fax: 307-766-5607  
Email : [jimpew@uwyo.edu](mailto:jimpew@uwyo.edu)

Additional details are available on the UW HR web site: [www.uwyo.edu/HRBenefits](http://www.uwyo.edu/HRBenefits)

Thank you. We wish you a successful active duty tour and a speedy return to UW.

To: Agency Payroll/ Human Resources Personnel

From: Earl Kabeisman  
Human Resources Director

Subject: Military Information Packet

Date: December 19, 2001

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In accordance with Executive Order 2001-7 the Military Information Packet is available from the Human Resources Division of A & I. Please contact Danny Romero at 777-6730 or by email [dromer@state.wy.us](mailto:dromer@state.wy.us) to request a copy of the Military Information Packet.

It is important that this packet be provided to all Executive Branch personnel who have or will enter service on or after September 11, 2001. If the employee is currently serving on active duty and cannot be contacted, the informational packet must be provided to their power of attorney.

Should you have any questions concerning the Military Leave please contact Danny Romero.

**STATE EMPLOYEES CALLED TO  
ACTIVE FEDERAL MILITARY SERVICE**

**SUMMARY OF BENEFITS**  
**EFFECTIVE SEPTEMBER 11, 2001**

**COMPENSATION:**

If an employee's military base pay is less than his or her State base pay, the State will pay the difference when the employee provides a copy of the "LEAVE AND EARNINGS STATEMENT" and fills out the Military application. Compensation pay will be generated each month during the payroll run.

If annual leave, military leave, or compensatory time is taken, the pay differential will be eliminated for the appropriate number of days.

**INSURANCE:**

Employees have the right to maintain their group health, dental and/or standard life insurance if they choose, even if they are in a Long Term Military leave status. The State contribution of \$225 per month will continue. If the premium is not covered by the \$225, employees MUST fill out an "Authorization Agreement for Direct Payments" so that the difference will be deducted from their checking or savings account.

If they elect to discontinue the group insurance while on active duty, they need to fill out "drop" cards. Once returned from active duty, new enrollment cards will be filled out and coverage shall be reinstated, including family members previously covered, without any clause or restriction because of a preexisting condition (as long as the employee had other insurance coverage during the period of active duty).

**DEFERRED COMPENSATION:**

If an employee is participating in the deferred compensation program, payments will be "suspended" until the employee returns from active duty, at which time they have the choice to make up the payments.

**LONGEVITY:**

If an employee is in a Long Term Military leave status they will not receive a longevity payment, but will continue to receive service credit while on active duty.

**RETIREMENT:**

Retirement contributions are "put on hold" until an employee returns from active duty. At that time the agency will pay back the member's contributions plus interest if (1) the period of service is no longer than five years, (2) the member must be discharged or released from service under honorable conditions, and (3) the member must return to work within ninety days of discharge or release from military service or from hospitalization incident to such military service.

**PRUDENTIAL LIFE INSURANCE:**

Employees may continue paying their premium for Prudential Life Insurance (offered through the State Retirement System) if they fill out an "Authorization Agreement for Direct Payments."  
If an employee drops Prudential Life Insurance, he or she will have 90 days to resume contributions after returning to service with his or her employer.

**LEAVE:**

Employees may use military leave, annual leave, or compensatory time when on active duty. Employees shall continue to accrue sick, annual, and military leave on the same basis as they would have accrued such leave during the period of military service.

If an employee has "use or lose" leave at the end of the calendar year, it will be paid out in January.

**MILITARY RESERVIST CALLED TO ACTIVE DUTY**

NAME: \_\_\_\_\_

DEPLOYMENT DATE: \_\_\_\_\_

SERVICE BRANCH: \_\_\_\_\_ RANK/GRADE \_\_\_\_\_

TODAY'S DATE: \_\_\_\_\_

**BENEFIT PACKAGE:**

Please indicate whether or not you would like to continue with your current coverage elections:

	Yes	No
Health	_____	_____
Optional Dental	_____	_____
Standard Insurance Co. Life	_____	_____
Dependent Life	_____	_____
Medical Reimbursement Acct.	_____	_____
Dependent Care Reimbursement Acct.	_____	_____
 Prudential Life Coverage	 _____	 _____

If you elect to continue with your current coverage, you will be responsible to pay any premium amount over the State contribution of \$225.00 (\$225 does not include Prudential Life coverage). Please complete the attached Authorization Agreement for Direct Payments and return with this form.

**Power of Attorney Information**

Name \_\_\_\_\_  
Address \_\_\_\_\_  
City, State, Zip \_\_\_\_\_  
Phone Number \_\_\_\_\_

To any armed forces employer: I authorize you to release to the State of Wyoming all the information contained in my earnings statement. I understand that the State of Wyoming will use this information to determine my eligibility for salary mitigation.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Social Security Number \_\_\_\_\_ Agency \_\_\_\_\_

Please attach a copy of your orders to this form. **Also, forward a copy of your first leave and earnings statement as soon as possible to begin compensation mitigation.**

<b>For State of Wyoming use only.</b>	
<b>COMPENSATION MITIGATION COMPUTATION:</b>	
Current State Base Salary	_____
Military Base Salary	_____
<b>Compensation Change</b>	_____

xc: UW Payroll Office



## Department of Administration and Information Human Resources Division – Employee Benefits

DAVID D. FREUDENTHAL, GOVERNOR

EARL KABEISMAN, DIRECTOR

TO: Direct Pay Participants

RE: Paying Your State Group Insurance Premium and/or Your Flexible Benefit Plan  
Contribution

The State Group Insurance Program is administered by the Wyoming Employees' and Officials' Group Insurance Program. The policy mandates that all premiums for insurance coverage and contribution to your medical reimbursement account and dependent care account, if applicable, will be made through automatic deduction from your individual checking or savings account. The deduction from your account will occur no earlier than the third banking day of each month for the premium and contribution due for that month.

With this payment method, you will not have to worry that your insurance will be cancelled because you forgot to write the check; or whether the payment was made on a timely basis; or whether the check was lost in the mail. You will not have the expense of postage and envelope to send the check each month. You will always know for what month you have paid the premium. Further, there will never be a temporary lapse in coverage and/or delay in claims processing because your payment had not been received by the due date.

*To continue your insurance coverage after making your initial payment to bring premium and contributions current, you must complete the enclosed authorization, sign and return it to the Employees' Group Insurance Office so the the deduction from your account can be made when the next premium and contribution is due. Except for your initial payment to bring premium and contribution payments current, all future payments must be made by automatic-debit from your checking or savings account.*

If your account has insufficient funds (NSF) to pay your premium and contribution, you will be notified by first class mail. Another attempt will be made on the second to last banking day of the month to withdraw from your account the amount due, plus a \$15.00 fee. If you do not have sufficient funds at that time, your insurance will be canceled as of the paid-to-date. Once there has been three (3) incidents of insufficient funds in a year your insurance will be canceled. There is no opportunity for reinstatement of coverage once cancellation has occurred.

If you wish to terminate your coverage and the automatic deduction from your account, you must notify the Employees' Group Insurance Office in writing by the 20<sup>th</sup> of the month to have it be effective for the following month.

If there is a change in your premium amount (this does not include any NSF charge), you will be notified at least 10 days prior to any future deductions.

If you have any questions on information provided in this memo, please call 307-777-6835 or 800-891.9241.

**INSTRUCTIONS FOR COMPLETING AUTHORIZATION AGREEMENT  
FOR DIRECT PAYMENTS (ACH DEBITS)**

DEPOSITORY NAME	The financial institution where you have your account.
BRANCH	The Branch name if applicable
CITY, STATE, ZIP	For the depository
ROUTING NUMBER	Obtain this from your financial institution. This number appears on the bottom of your check. It is usually the first nine digits of the MICR line.
ACCOUNT NUMBER	Your account number. This number also appears on the MICR line.
NAME(S)	Name under which the account has been established.
SSN#	Social Security Number of the account owner
DATE	Current Date
SIGNED (X)	Signature of account owner
PRIMARY INSURED	Complete only if the insured is different from the account owner.
SSI#	Social Security Number of insured if different from account owner.

**AUTHORIZATION AGREEMENT FOR DIRECT PAYMENTS (ACH DEBITS)**

**STATE OF WYOMING**

**EMPLOYEES' AND OFFICIALS' GROUP INSURANCE PROGRAM**

I (we) \_\_\_\_\_, hereby authorize State of Wyoming Employees' and Officials' Group Insurance Program, hereinafter called EGI, to initiate debit entries to my (our)  **Checking**  **Savings account** (select one) indicated below at the depository financial institution named below, called DEPOSITORY, and to debit the same to such account. The debit amount shall be equal to the premium amount due to EGI. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law.

DEPOSITORY  
NAME \_\_\_\_\_ BRANCH \_\_\_\_\_  
CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_  
ROUTING NUMBER \_\_\_\_\_ ACCOUNT NO. \_\_\_\_\_

This authorization is to remain in full force and effect until EGI has received written notification from me (or either of us) of its termination in such time and in such manner as to afford EGI and DEPOSITORY a reasonable opportunity to act on it.

NAME(S) \_\_\_\_\_ SSN# \_\_\_\_\_

(Please Print)

DATE \_\_\_\_\_ SIGNED(X) \_\_\_\_\_ SIGNED(X) \_\_\_\_\_  
PRIMARY INSURED \_\_\_\_\_ SSI# \_\_\_\_\_

**Note: all written debit authorizations MUST provide that the receiver may revoke the authorization only by notifying Employees' Group Insurance in the manner specified in the authorization.**

**The letter you received with this authorization agreement describes the procedures associated with the Debit Authorization Program and is part of the Agreement**





THE STATE OF WYOMING

DAVID D. FREUDENTHAL  
Governor

# Wyoming Retirement System

GERALD W. FOX  
Director

First Floor East – Herschler Building  
122 West 25th Street  
Cheyenne, Wyoming 82002  
Fax: (307) 777-5995 (307) 777-7691 TDD (307) 777-6861

TO: Military Personnel continuing Prudential Insurance Payments

RE: Paying Your Prudential Insurance Premium while on Active Military Duty

The Wyoming Retirement System (WRS) administers the Prudential Life Insurance program, a supplemental group policy with a level premium. If you were enrolled in the program prior to being activated by the military, you can continue to pay the required premium and keep your insurance in effect while on active duty. In order to ensure the timely payment of premiums and your continued eligibility for the insurance benefit, the WRS requires that your payment be made through automatic deduction from your individual checking or savings account. The deduction from your account will occur no earlier than the third banking day of each month for the premium and contribution due for that month.

With this payment method, you will not have to worry that your insurance will be cancelled because you forgot to write the check; or whether the payment was made on a timely basis; or whether the check was lost in the mail. You will not have the expense of postage and envelope to send the check each month. You will always know for what month you have paid the premium.

*To continue your insurance coverage after making your initial payment to bring premium and contributions current, you must complete the enclosed authorization, sign and return it to the Wyoming Retirement System so the deduction from your account can be made when the next premium is due. Except for your initial payment to bring premium and contribution payments current, all future payments must be made by automatic-debit from your checking or savings account.*

If your account has insufficient funds (NSF) to pay your premium and contribution, you will be notified by first class mail. Another attempt will be made on the second to last banking day of the month to withdraw from your account the amount due, plus a \$15.00 fee. If you do not have sufficient funds at that time, your insurance will be canceled as of the paid-to-date. Once there has been three (3) incidents of insufficient funds in a year your insurance will be canceled.

If you wish to terminate your coverage and the automatic deduction from your account, you must notify the Wyoming Retirement System in writing by the 20<sup>th</sup> of the month to have it be effective for the following month.

If there is a change in your premium amount (this does not include any NSF charge), you will be notified at least 10 days prior to any future deductions.

If you have any questions on information provided in this memo, please call 307-777-7149

## INSTRUCTIONS FOR COMPLETING AUTHORIZATION AGREEMENT FOR DIRECT PAYMENTS (ACH DEBITS)

DEPOSITORY NAME                      The financial institution where you have your account.

BRANCH                                      The Branch name if applicable

CITY, STATE, ZIP	For the depository
ROUTING NUMBER	Obtain this from your financial institution. This number appears on the bottom of your check. It is usually the first nine digits of the MICR line.
ACCOUNT NUMBER	Your account number. This number also appears on the MICR line.
NAME(S)	Name under which the account has been established.
SSN#	Social Security Number of the account owner
DATE	Current Date
SIGNED (X)	Signature of account owner
PRIMARY INSURED	Complete only if the insured is different from the account owner.
SSI#	Social Security Number of insured if different from account owner.

**AUTHORIZATION AGREEMENT FOR DIRECT PAYMENTS (ACH DEBITS)**

**STATE OF WYOMING**  
WYOMING RETIREMENT SYSTEM

I (we) \_\_\_\_\_, hereby authorize State of Wyoming, Wyoming Retirement System hereinafter called WRS, to initiate debit entries to my (our) **Checking**  **Savings**  **account** (select one) indicated below at the depository financial institution named below, called DEPOSITORY, and to debit the same to such account. The debit amount shall be equal to the premium amount due to WRS. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law.

DEPOSITORY  
NAME \_\_\_\_\_ BRANCH \_\_\_\_\_  
CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_  
ROUTING NUMBER \_\_\_\_\_ ACCOUNT NO. \_\_\_\_\_

This authorization is to remain in full force and effect until WRS has received written notification from me (or either of us) of its termination in such time and in such manner as to afford WRS and DEPOSITORY a reasonable opportunity to act on it.

NAME(S) \_\_\_\_\_ SSN# \_\_\_\_\_  
(Please Print)

DATE \_\_\_\_\_ SIGNED(X) \_\_\_\_\_ SIGNED(X) \_\_\_\_\_

PRIMARY INSURED \_\_\_\_\_ SSI# \_\_\_\_\_

***Note: all written debit authorizations MUST provide that the receiver may revoke the authorization only by notifying Wyoming Retirement System in the manner specified in the authorization.***

***The letter you received with this authorization agreement describes the procedures associated with the Debit Authorization Program and is part of the Agreement.***

IAW federal and state uniformed services statutes, I, \_\_\_\_\_,  
herby apply for reemployment/reinstatement with the University of Wyoming.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date